

Patients who had suspected midface fractures, radiographs taken in A&E and who underwent a review in OMFS clinics were selected. Patients who failed to attend, had incomplete records or had additional injuries were excluded. The agreement between the A&E diagnosis, the A&E radiograph report and the subsequent OMFS review was compared.

**Results:** 103 patients were included. The clinical A&E referral diagnosis agreed with the OMFS diagnosis only 26% of the time while the A&E radiograph report agreed with the OMFS clinical diagnosis on 63% of occasions.

**Conclusion:** The clinical diagnosis alone by A&E clinicians relating to mid face fractures poorly correlates with the final diagnosis.

A&E Radiograph reports should be taken into consideration by A&E clinicians in diagnosing mid face fractures. We review the findings and injury patterns.

## MILITARY SURGERY

### 0922: VENTILATION STRATEGIES IN ACUTE, SEVERE LUNG INJURY AFTER COMBAT TRAUMA

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**Aims:** Acute Respiratory Distress syndrome (ARDS) is a major challenge in contemporary military critical care. This work explores developments in its management and provides treatment recommendations to assist military practitioners.

**Methods:** A literature review of ventilatory strategies in post traumatic ARDS patients is presented following the description of a contemporary case.

**Results:** A combat trauma patient developed ARDS and was evacuated to a definitive surgical facility with the support of an Extracorporeal Ventilatory Support (ECVS) team following the failure of conventional ventilator strategies. Review of the literature revealed improving survival rates for protective ventilation strategies and it is recommended that these be instigated early in ARDS patients. Unconventional strategies are limited by available expertise and resource. Successful use of ECVS in post traumatic ARDS patients is reported, including enabling the evacuation of combat trauma casualties resistant to conventional strategies.

**Conclusions:** As survivability of major military trauma continues to improve, we are likely to be faced with a small, but increasing number of patients with ARDS refractory to conventional ventilator strategies. ECVS has a place in the management of such patients and can enable the evacuation of ARDS casualties to definitive surgical care facilities.

## MISCELLANEOUS SURGERY

### 0015: IMPROVEMENT IN CLINICAL RECORDING KEEPING FOLLOWING THE INTRODUCTION OF AN ADMISSION CLERKING PROFORMA FOR ACUTE GENERAL SURGICAL PATIENTS

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**Aim:** Accurate record keeping, safe handover and optimising management of acute surgical patients has reached a consensus with the publication of the Handover Guidance and the Emergency Surgery Standards by the RCEng. This novel audit assesses the improvement in accuracy and consistency of clerking following implementation of a proforma for acute surgical admissions.

**Methodology:** Surgical admission clerking notes of 100 patients presenting acutely to a district general hospital were audited against standards of excellence derived from the Royal College of Surgeons Handover Guidance, Emergency Surgery Standards and the Royal College of Physicians Record Keeping Standards. A proforma was constructed and implemented across the unit. A further 100 patient notes were re-audited to assess the effect of the clerking booklet on improving documentation.

**Results:** The proforma significantly improved documentation ( $p < 0.05$ ). Completion of venous thromboembolism risk assessment increased by 62% ( $p < 0.001$ ). Time taken until senior review of the patient post-admission, which occurred in an average of 5.23 hours, improved by 2.53 hours.

**Conclusion:** Implementing an admission surgical proforma significantly improved documentation and standardised the information recorded for

patients admitted in the acute setting improving patient safety. It can be used as a future tool to allow units to audit their delivery of care against the national standards.

### 0023: THE TIP OF THE ICEBERG: 'SHARPS' AND 'SPASH' INJURIES IN SURGICAL PRACTICE

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**Background:** Accidental exposure to body fluids (AEBF – 'sharps' or 'splash' injuries) can result in disease transmission between patient and clinician. Clinicians receive post-exposure prophylaxis (PEP) and sero-conversion testing after reporting exposure. This study evaluated the actual versus reported incidence of AEBF amongst surgeons, explored the reasons for non-reporting, and assessed knowledge of first aid and reporting procedures.

**Methods:** Anonymous questionnaires were administered to 11 surgical consultants, 8 registrars, 9 junior doctors and 2 surgical practitioners at a district general hospital.

**Results:** In one year there were 35 sharps injuries in 30 clinicians. Of these, 15 received first aid, and 6 were reported. There were 38 'splash' injuries of which 17 received first aid, and 1 was reported. The most frequent reason for non-reporting was 'the injury was too trivial'. Only 6 clinicians correctly answered all questions on first aid, while 19 correctly answered those on reporting procedures.

**Conclusion:** There is a significant annual incidence of AEBF amongst surgeons but most are unreported. Clinicians have good knowledge of reporting procedures, but fail to report exposure, seemingly assessing risk as low. Knowledge of first aid could be improved. This incidence of unreported AEBF may have safety implications for patients and surgeons.

### 0027: STANDARD OF RANDOMISED CONTROLLED TRIAL REPORTING IN APPENDICECTOMY

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**Aim:** To assess the quality of reporting of randomised controlled trials (RCTs) involving open versus laparoscopic appendicectomy published from 2001 to present, using criteria specified by the CONSORT statement, adherence to the CONSORT flow chart and the Jadad scale.

**Method:** All RCTs on appendicectomy published since 2001 were reviewed, and those on the subject of open versus laparoscopic appendicectomy selected. Reporting quality was then systematically assessed using a modified checklist of CONSORT statement items, adherence to CONSORT flow chart guidelines and the Jadad scale.

**Results:** Of the 28 RCTs analysed, only four (14.3%) achieved 50% adherence to the CONSORT statement, with one report scoring 19%. Only 64% of trials were identified as RCTs by their title. Whilst 61% reported their method of generating a random allocation sequence, only 39% stated its implementation method. The majority of authors reported a clear pathway for trial participants, with 16 adhering to the CONSORT flow chart guidelines. However, only 57% (16 out of 28) of trial reports achieved a Jadad score of  $> 3/5$ .

**Conclusions:** Despite the growing volume of RCTs on appendicectomy, the quality of trial reporting remains inadequate. Greater consideration of the CONSORT statement is needed to increase awareness of optimal reporting practice.

### 0039: PREOPERATIVE ASSESSMENT AND NEW VALVULAR HEART DISEASE: DO ECHOCARDIOGRAMS CHANGE MANAGEMENT?

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**Background:** The majority of surgical patients do not require referral to the consultant led anaesthetic clinic and are suitable for nurse led pre-admission clinic. Current policy advises an echocardiogram and an anaesthetic review for patients presenting with an undocumented heart murmur during preoperative assessment. To aim was to explore current preoperative guidelines, specifically whether an echo alters management.